

BEST AVAILABLE COPY

3303 3307 3.7525 11/25/11 (for additional CROSS TO CITIES)

POSITION	INITIALS	ID NO.	DATE
	<i>AS</i>		<i>07/26/02</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>EW</i>	<i>69916</i>	<i>7/27/02</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
= ..... Allowed      I ..... Interference  
- (Through numeral)... Canceled      A ..... Appeal  
+ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	<i>0-10-02</i>
2	<i>9-25-02</i>
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Claim	Date
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If more than 150 claims or 10 actions  
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